## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In Re: Case No: 02-92935

Sally Ann Mathews,

Debtor(s).

## NOTICE OF MOTION AND MOTION FOR OBJECTION TO CLAIM

TO: SALLY A. MATHEWS, DEBTOR(S) AND HIS/HER ATTORNEY JAMES P RYAN JR, 407 14TH STREET NW, PO BOX 6667, ROCHESTER, MN 55903, UNITED STATES TRUSTEE AND OTHER PARTIES IN INTEREST

- 1. Charles W. Ries is the duly appointed and acting trustee of the above-captioned bankruptcy estate and moves the Court for the relief requested below and gives notice of hearing herewith
- 2. The Court will hold on this motion on the 21st day of October, 2004 at 9:30 o'clock a.m., or as soon thereafter as counsel can be heard, before the Honorable Dennis D. O'Brien in Court Room No. 228A, at the United States Courthouse, 316 North Robert Street, St. Paul, Minnesota.
- 3. Pursuant to Local Rule 9006-1(b) any response to this motion must be filed and delivered not later than 9:30 a.m. on October 12, 2004, which is seven days before the time set for the hearing (including Saturdays, Sundays and holidays), or filed and served by mail not later than October 7, 2004, which is ten days before the time set for the hearing (excluding Saturdays, Sundays and holidays). IF NO RESPONSE IS TIMELY FILED, THE COURT MAY IN ITS DISCRETION ENTER AN ORDER GRANTING THE RELIEF REQUESTED WITHOUT A HEARING.
- 4. This Court has jurisdiction over this motion or this motion is authorized under 28 U.S.C. 157 and 1334 and 11 U.S.C. 502 and Bankruptcy Rule 5005. This motion is pursuant to Bankruptcy Rule 3007 and Local Rule 3007-1.
- 5. That Citibank USA NA has filed Claim #1 in the amount of \$5,846.08 asserting an unsecured claim in the above-captioned bankruptcy matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 6. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

- 7. That Citibank USA NA has filed Claim #2 in the amount of \$1,039.34 asserting an unsecured claim in the above-captioned bankruptcy matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 8. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.
- 9. That Fillmore County Journal has filed Claim #3 in the amount of \$581.07 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 10. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.
- 11. That Fortress Bank NA has filed Claim #6 in the amount of \$4,492.92 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 12. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.
- 13. That Winona Agency has filed Claim #7 in the amount of \$84.00 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 14. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.
- 15. That Tri County Publishing has filed Claim #8 in the amount of \$847.24 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 16. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.
- 17. That Bunke Properties has filed Claim #11 in the amount of \$3,000.00 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.
- 18. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.
- 19. That Wireless Connection has filed Claim #23 in the amount of \$1,175.83 asserting an unsecured claim in the above-captioned matter. A copy of the claim is attached hereto and incorporated herein pursuant to Bankruptcy Rule 3007.

20. The claim appears to be a corporate obligation and does not appear to be a claim against the debtor individually, and should be disallowed.

WHEREFORE, the undersigned requests an order of the Court determining:

- 1. That Claim #1 of Citibank USA NA in the amount of \$5,846.08 be disallowed.
- 2. That Claim #2 of Citibank USA NA in the amount of \$1,039.34 be disallowed.
- 3. That Claim #3 of Fillmore County Journal in the amount of \$581.07 be disallowed.
- 4. That Claim #6 of Fortress Bank NA in the amount of \$4,492.92 be disallowed.
- 5. That Claim #7 of Winona Agency in the amount of \$84.00 be disallowed.
- 6. That Claim #8 of Tri County Publishing in the amount of \$847.24 be disallowed.
- 7. That Claim #11 of Bunke Properties in the amount of \$3,000.00 be disallowed.
- 8. That Claim #23 of Wireless Connection in the amount of \$1,175.83 be disallowed.
- 9. For such other relief as the Court deems just and proper.

Dated this 21st day of September, 2004.

/e/Charles W. Ries
Charles W. Ries
Charles W. Ries
MASCHKA RIEDY & RIES
Attorneys for Trustee
200 Union Square Business Center
201 North Broad Street
P. O. Box 7
Mankato, MN 56002-0007
Telephone (507) 625-6600
Attorney License No: 12767X

#### **VERIFICATION**

Charles W. Ries, having been first duly sworn upon oath, states that he is the Trustee in the above-entitled action; that he has read the foregoing Notice of Motion and Motion for Objection to Claim, and knows the contents thereof; that the same and true and correct, except as to those matters therein stated on information and belief, and as to those matter, he believes them to be true.

harles W. Ries

Subscribed and sworn to before me this 21st day of September, 2004.

Notary Public



FORM B10 (Official Form 10) (4/98)

PORM BTO (Chiciai Form To) (4/90)		
United States Bankruptcy Court	STATE OF MN	PROOF OF CLAIM.
Name of Debtor Social Security No. MATHEWS COMPUTER SERVICE,	Case Number Chapter 07 02-92935 Court Code MNSP	RECEIVED
NOTE. This form should not be used to make a claim for an Aminist After case. A "request" the oxyment of an administrative express may be filled norm.	sent to ELU.S.C. § SEE	NOV 13 AM 9: 11
Name of Creditor (The person or other entity to whom the debtor owes money property):  Citibank USA, N.A.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy	BANKRUHTCY COURT ST. PAUL, MN
Name and address where notices should be sent Citibank USA. N.A. DBA: DELL 18.99%-22.99% PO Box 9025 Des Moines, IA 50368 Telephone number: 866-523-0117 x56795	of statement giving particulars.  Check box if you have ne er received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: 6011570010268348	Check here ☐replaces  if this claim ☐amends a previously	THIS SPACE IS FOR COURT USE ONLY y filed claim, dated:
1. Basis for Claim:  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in I Wages, salaries, and compensation SS#: Unpaid compensation for serving to  (date)	ation (fill out below)
2. Date debt was incurred: 10.07.02	3. If court judgment, date obtaine	d:
<ul> <li>Total Amount of Claim at Time Case Filed: \$584         If all or part of your claim is secured or entitled to priority, a Check this box if claim includes interest or other charges in a interest or additional charges.     </li> </ul>	also complete Item 5 or 6 below.	Attach itemized statement of all
5. Secured Claim.  Check this box if your claim is secured by collateral (including; a rigof setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other  Value of Collateral: \$  Amount of arrearage and other charges at time case filed included ir. secured claim, if any: \$  6. Unsecured Claim.  Check this box if you have an unsecured claim.  8. Credits: The amount of all payments on this claim ha	Specify the priority of the claim:  Wages, salaries, or commissions (up 90 days before filing of the bankrup debtor's business, whichever is earli Contributions to an employee benef Up to \$1,950* of deposits toward pt services for personal, family, or hot Alimony, maintenance, or support of child-11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governm Other-Specify applicable paragraph *Amounts are subject to adjustment on with respect to cases commenced or	p to \$4,300),* earned within toy petition or cessation of the ier-11 U.S.C. § 507(a)(3). It plan-11 U.S.C. § 507(a)(4). urchase, lease, or rental of property or usehold use-11 U.S.C. § 507(a)(6). owed to a spouse, former spouse, or mental units-11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
<ul> <li>purpose of making this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting purchase orders, invoices, itemized statements of runn judgments, mortgages, security agreements, and evide SEND ORIGINAL DOCUMENTS. If the documents documents are voluminous, attach a summary.</li> <li>Date-Stamped Copy: To receive an acknowledgment stamped, self-addressed envelope and copy of this pro</li> </ul>	documents, such as promissory notes, ing accounts, contracts, court note of perfection of lien. DO NOT is are not available, explain. If the	TON COURT DE UNIL!
Date this claim (attach copy of power of att  11/05/2001	resentative of Citicorp Credit Services, Inc USA	

PO Box 9025 Des Moines, IA 50368

### **STATEMENT**

Account Holder

SS#:

Name:, MATHEWS COMPUTER SERVICE

**Bankruptcy Information** 

Case#: 02-92935 Court:MNSP Chapter: 07

File Date: 10.07.02

341A:

\_[Account Number]

6011570010268348

New Balance: \$5846.08

Available Credit:

\$0.00

\_[ENTER AMOUNT ENCLOSED]\_

INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO: Citibank USA, N.A.

CARDMEMBER NAME	ACCOUNT NUMBER	CREDIT LINE	AVAILABLE	STATEMENT
MATHEWS COMPUTER	6011570010268348	\$0.00	CREDIT	DATE
SERVICE,			\$0.00	05/09/2002

DATE	DECRIPTION OF TRANSACTION	AMOUNT
·		
		***
	то	TAL: \$5846.08

STATEMENT SUMMARY

FORM B10 (Official Form 10) (4/98)

7 GTAN 210 (GTAGAT GTAT 10) (4/30)			
	STATE OF MN PROOF OF CLAIM		
Name of Debtor Social Security No.  MATHEWS COMPUTER SERVICE,	Case Number Chapter 07 02-92935 Court Code MNSP		
NOTE: This form should not be used to make a claim for an affining pratite of case. A "request" for payment of an administrative expenses may be file purment.	18 11 U3 (3H2		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Citibank USA, N.A.	Check box if you are aware that anyone else has filed a proof of claim		
Name and address where notices should be sent Citibank USA. N.A. DBA: OFFICE DEPOT PREAPPROVED PO Box 9025 Des Moines, IA 50368 Telephone number: 866-523-0117 x56795	relating to your claim. Attach copy of statement giving particulars.  Check box if you have ne er received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: 6011568100266758	Check here   replaces   a previously filed claim, dated:		
1. Basis for Claim:  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U.S.C. § 1114(a)  Wages, salaries, and compensation (fill out below)  Your SS#:  Unpaid compensation for services performed  from  (date)  (date)		
2. Date debt was incurred: 10.07.02	3. If court judgment, date obtained:		
<ul> <li>4. Total Amount of Claim at Time Case Filed: \$1039.3         If all or part of your claim is secured or entitled to priority, also         Check this box if claim includes interest or other charges in addinterest or additional charges.     </li> </ul>			
5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other  Value of Collateral: \$  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$  6. Unsecured Claim.  Check this box if you have an unsecured claim.	7. Unsecured Priority Claim.  Check this box if you have an unsecured priority claim.  Specify the priority of the claim:  Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3).  Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4).  Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6).  Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8).  Other-Specify applicable paragraph of 11 U.S.C. § 507(a)().  *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or often the date of adjustment.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  9. Supporting Documents: Attach copies of supporting documents, such as promissory note, purchase orders, invoices, itemized statements of manning accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NO SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  Sign and print the name and title, if any, of the creditor or other person authorized to be this claim (attach copy of power of attorney, if any):  Pamela C. Rusch, Bankruptcy Representative of Citicorp Credit Services, Inc USA under limited power of attorney for Citibank USA, N.A.			

PO Box 9025 Des Moines, IA 50368

#### **STATEMENT**

Account Holder

SS#:

Name:, MATHEWS COMPUTER SERVICE

**Bankruptcy Information** 

Case#: 02-92935 Court:MNSP Chapter: 07 File Date: 10.07.02

341A:

\_[Account Number]

6011568100266758

New Balance: \$1039.34

Available Credit:

\$0.00

-{ENTER AMOUNT ENCLOSED}-

INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO: Citibank USA, N.A.

CARDMEMBER NAME	ACCOUNT NUMBER	CREDIT LINE	AVAILABLE	STATEMENT
MATHEWS COMPUTER	6011568100266758	\$0.00	CREDIT	DATE
SERVICE,			\$0.00	05/09/2002

DATE	DECRIPTION OF TRANSACTION	AMOUNT
		ļ
	TC	OTAL: \$1039.34

STATEMENT SUMMARY

FORM B10 (Official Form 10)(4/01) UNITED STATES BANKRUPTCY COURT		RINATION STOLLAND
DISTRICT OF MINNESOTA (S	ST. PAUL)	STOTI ES
Name of Debtor SALLY ANN MATHEWS	Case Number 02-92935	MEGEVED
		02 DEC 30 AM 10: 21
		U.S. BANKSUFICY COURT
Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that	ST. PAUL, MN
owes money or property): FILLMORE COUNTY JOURNAL	anyone else has filed a proof of claim relating to your claim. Attach	
Name and Address where notices should be sent:	copy of statement giving particulars.	
FILLMORE COUNTY JOURNAL	☐ Check box if you have never	
PO BOX 496	received any notices from the bankruptcy court in this case.	
PRESTON MN 55965-0496	☐ Check box if the address differs	
	from the address on the envelope sent to you by the court.	
Telephone Number:	•	
Account or other number by which creditor identifies debtor:	Check here if replaces this claim amends a previously	filed claim, dated
1. Basis for Claim Goods sold	☐ Retiree benefits as defined in 11 U.S.C ☐ Wages, salaries, and compensation (fil	C. §1114(a) Lout below)
Services performed	Your SS #:	
Money loaned	Unpaid compensation for services per	formed
Personal injury/wrongful death	from to (date) (date)	164
Other Advertisin;		
2. Date debt was incurred: August 31, 2002	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed:	\$ 5\$1.67	
If all or part of your claim is secured or entitled to priority, also co Check this box if claim includes interest or other charges in ad-	dition to the principal amount of the claim.	Attach itemized statement of all
interest or additional charges.	6. Unsecured Priority Claim.	
5. Secured Claim.  Check this box if your claim is secured by collateral	Check this box if you have an unsecure	d priority claim
(including a right of setoff).	Amount entitled to priority \$	
Brief Description of Collateral:  Real Estate Motor Vehicle	Specify the priority of the claim:  Wages, salaries, or commissions (up to	\$4.650).* earned within 90 days
Other	before filing of the bankruptcy petition	or cessation of the debtor's
Value of Collateral: \$	business, whichever is earlier - 11 U.S.	
value of Consideral.	☐ Up to \$ 2,100* of deposits toward purc	hase, lease, or rental of property or
	services for personal, family, or househ  Alimony, maintenance, or support owe	• .
	child - 11 U.S.C. § 507(a)(7).	-
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to government ☐ Other - Specify applicable paragraph or	al units - 11 U.S.C. § 507(a)(8). f 11 II S C & 507(a)( )
included in secured claim, it any. 5		
	*Amounts are subject to adjustment on 4/. with respect to cases commenced on or	1/04 and every 3 years thereafter after the date of adiustment.
7. Credits: The amount of all payments on this claim has	been credited and deducted for the	
purpose of making this proof of claim.  8. Supporting Documents: Attach copies of supporting documents:		CLAIM TO:
orders, invoices, itemized statements of running accounts, con	ntracts, court judgments, mortgages	S DAIS KRUPTCY COURT OU.S. COURTHONSE
security agreements, and evidence of perfection of lier DXCUMENTS. If the documents are not available, explain.	i. DO NOT SEND ORIGINAL 🛮 🔏	6 NOT THE OBERT STREET
attach a summary.	1   ~	r. p. tul., MN 55101
<ol><li>Date-Stamped Copy: To receive an acknowledgment of the fili self-addressed envelope and copy of this proof of claim.</li></ol>	ng of your claim, enclose a stampe,	/ /
	N. C.	$\mathcal{L}$
Date Sign and print the name and title, if any, of the cr	editor or other person authorized to	
file this claim (attach copy of power of attorney,	H any);	
12-26 02 MOHN TORGE	' I	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or	imprisonment for up to 5 years, or both. 18	U.S.C. §§ 152 a. V.3571.
		<del></del>

#### FILLMORE COUNTY JOURNAL P.O. BOX 496 PRESTON, MN 55965-0000 (507)765-2151

CUSTOMER LEDGER 12/26/02 8961111

MATHEWS COMPUTER SERVICES PO BOX 400 RUSHFORD, MN 55971-0000

***					
DATE.	REFERENCE	DESCRIPTION	CHARGES	CREDITS	BALLANCE
2/04/02	123808	CHARGE	45.00		4500
2/11/02	123994	CHARGE	69.30		114.30
2/11/02	124377	CHARGE	112.00		226.30
3/11/02	124608	CHARGE	90.00		316.30
3/31/02	0	FIN CHG	3.39		319.69
4/01/02	125356	CHARGE	4500		364.69
4/29/02	0	FIN CHG	4.74		369.43
5/20/02	126636	CHARGE	184.41		553.84
5/20/02	126875	CHARGE	16.00		569.84
5/31/02	0	FIN CHG	5.42		575.26
6/03/02	127165	CHARGE	45.00		620.26
6/30/02	<b>(</b> 2)	FIN CHG	8.43		628.69
7/15/02	158569	CHARGE	35.00		663.69
7/16/02	CK5559	PAYMENT	•	45.00	618.69
7/31/02	0	FIN CHG	8.43		627.12
8705702	128789	CHARGE:	45.00		672.12
8/31/02	0	FIN CHG	8.95		681.07
. 9/17/02	CK30434	PAYMENT		100.00	581.07

FORM B10 (Official Form 10)(4/01) UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL) Name of Debtor Case Number SALLY ANN MATHEWS 02-92935 03 JAN -3 AM 10: 14 ST. PAUL, MH Name of Creditor (The person or other entity to whom the debtor Check box if you are aware that owes money or property): anyone else has filed a proof of FORTRESS BANK NA claim relating to your claim. Attach Name and Address where notices should be sent: copy of statement giving particulars. ☐ Check box if you have never FORTRESS BANK NA received any notices from the 108 E CEDAR ST BOX 518 bankruptcy court in this case, **HOUSTON MN 55943** Check box if the address differs from the address on the envelope sent to you by the court. Telephone Number: Check here if Account or other number by which creditor identifies debtor: replaces this claim ☐ amends a previously filed claim, dated \_ 1. Basis for Claim Retiree benefits as defined in 11 U.S.C. §1114(a) ☐ Goods sold Wages, salaries, and compensation (fill out below) Services performed Your SS #: Money loaned Unpaid compensation for services performed Personal injury/wrongful death from Taxes (date) (date) ☐ Other 2. Date debt was incurred: 3. If court judgment, date obtained: 07-16-03 4. Total Amount of Claim at Time Case Filed: \$4.492,92 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 5. Secured Claim. Unsecured Priority Claim. ☐ Check this box if your claim is secured by collateral ☐ Check this box if you have an unsecured priority claim (including a right of setoff). Amount entitled to priority \$\_ Brief Description of Collateral: Specify the priority of the claim: ☐ Real Estate ☐ Motor Vehicle ☐ Wages, salaries, or commissions (up to \$4,650),\* earned within 90 days Other before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Value of Collateral: \$ ☐ Up to \$ 2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). Amount of arrearage and other charges at time case filed ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). included in secured claim, if any: \$\_\_ ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_). \*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the autoadjustment. 7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase VKRUPTCY COURT orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, COURTHOU security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL OBER STREET DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

file this claim (attach copy of power of attorney, if any): Xacromb Johnson, Sheri Newcomb Johnson, Vea Pres, Penalty for presenting fraudulent claim: Fige of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U

Sign and print the name and title, if any, of the creditor or other person authorized to

Date

COMMERCIAL: 20420

#### **BALANCES - SUMMARY**

[02] [04]	SALLY MATHEWS DBA MATHEWS COMPL 113 E CEDAR ST P O B HOUSTON MN	JTER SERVICES IOX 197 55943	Portfolio Number: Product: Class: Branch Number:	2051143 [30410] COMMERCIAL [10] COMMERCIAL [21] FORTRESS BANK, N.A.
Intere	ipal Balance: est Balance: layoff:	.00	Accounting Group: Responsibility Code: Purpose Code: Employee/Officer/Director Code	[0021] [200] DENNIS MEYER [530] 5: [0]
	Amount Due:	889.70	Tax Name:	[02] SALLY MATHEWS
Total Curre Curre	Amount Past Due: ent Payment Due Date: ent Days Past Due: lar Payment Amount:	868.00 Sep 16, 2002 107	Original Note Date: Maturity Date: Date Principal Paid To: Date Interest Paid To:	Jul 16, 2002 May 16, 2004 Aug 16, 2002 Aug 16, 2002
Curre	ent Rate Over: Day's Interest:		Date Last Payment: Amount Last Payment:	Aug 19, 2002 217.00
*	ent Yield:	24.70	Active Principal: Charged Off Principal:	4,312.88
Extra	ent Late Charge Balance: Interest: num Interest:		Status Code: Non Accrual Code:	Bankruptcy [2] Non-Accrual (Accrual = 0)
Princ Intere	ipal Billed Thru: est Billed To:	Dec 16, 2002 Dec 16, 2002	Interest Method: Loan To Value Ratio:	[6] 365/360 Payments P&I .0000
Total	est As Of: Principal Billed:	729.01	Months To Maturity:	17
Total	Interest Billed: Amount Billed: Past Due:	868.00	Times Past Due 0-29 Days: Times Past Due 30-59 Days: Times Past Due 60-89 Days:	i 1
	Last Updated:	Dec 31, 2002	Times Past Due 90-Ov Days: Total Past Due Payments:	1 4
Date Date	Accrued Thru: Last Tran Activity:	Nov 15, 2002	Payments Scheduled: Payments Billed:	22 5
Date	Last Change:	Oct 30, 2002	Payments Made:	1

FORM B10 (Official Form 10)(4/01)

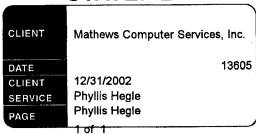
Markew Computer Service

UNITED STATES BANKRUPTCY COURT	PROOF OF CLAIM	
DISTRICT OF MINNESOTA (S		
Name of Debtor	Case Number	Value Value
SALLY ANN MATHEWS	02-92935	
	1 02	UAM -6 AM 10: 03
in the state of the second control and advanced and and and and and and and and and an	Sandon and advances from distribution that the residence of the sand	DAIS O MITIO OS
PATRICIA DE CARROLLAR DE CARROL		BANKKO I W SOURT
Name of Creditor (The person or other entity to whom the debtor	☐ Check box if you are aware that	ST. PAUL, MN
owes money or property);	anyone else has filed a proof of	
WINONA AGENCY	claim relating to your claim. Attach	
Name and Address where notices should be sent:	copy of statement giving particulars.	}
WINONA AGENCY	☐ Check box if you have never	
174 CENTER ST	received any notices from the bankruptcy court in this case.	
WINONA MN 55987	Check box if the address differs	
	from the address on the envelope	
Telephone Number: 507-453-3366	sent to you by the court.	
Account or other number by which greditor identifies debtor:	Check here if replaces	
LAccount # 13605		y filed claim, dated
1. Basis for Claim  Goods sold	Retiree benefits as defined in 11 U.S.	C. \$1114(a)
Services performed	☐ Wages, salaries, and compensation (fi Your SS #:	ii out below)
☐ Money loaned	Unpaid compensation for services per	rformed
☐ Personal injury/wrongful death	from to	
Taxes  Other Insurance Policy	(date) (date)	
2. Date deht was incurred.	3. If court judgment, date obtained:	
6-24-2002		
4. Total Amount of Claim at Time Case Filed:	\$ 84.00	
If all or part of your claim is secured or entitled to priority, also con Check this box if claim includes interest or other charges in add	mplete Item 3 or 6 below.	Attach itemized statement of all
interest or additional charges.	stant to the principal amount of the claim.	Attach hemized statement of an
5. Secured Claim.	6. Unsecured Priority Claim.	
Check this box if your claim is secured by collateral (including a right of setoff).	Check this box if you have an unsecur	ed priority claim
Brief Description of Collateral:	Amount entitled to priority \$Specify the priority of the claim:	<del></del>
☐ Real Estate ☐ Motor Vehicle	☐ Wages, salaries, or commissions (up to	\$4,650),* earned within 90 days
□ Other	before filing of the bankruptcy petition	or cessation of the debtor's
Value of Collateral: \$	business, whichever is earlier - 11 U.S  Contributions to an employee benefit p	.C. § 507(a)(3).
, and the contraction of the con	Up to \$ 2,100* of deposits toward pure	chase, lease, or rental of property or
	services for personal, family, or house	hold use - 11 U.S.C. § 507(a)(6).
	Alimony, maintenance, or support owe child - 11 U.S.C. § 507(a)(7).	ed to a spouse, former spouse, or
Amount of arrearage and other charges at time case filed	☐ Taxes or penalties owed to governmen	tal units - 11 U.S.C. § 507(a)(8).
included in secured claim, if any: \$	☐ Other - Specify applicable paragraph of	of 11 U.S.C. § 507(a)().
	*Amounts are subject to adjustment on 4.	/IM4 and every 3 years thereafter
	with respect to cases commenced on or	r after the date of adjustment.
7. Credits: The amount of all payments on this claim has l	been credited and deducted for the	END CLAIM TO
purpose of making this proof of claim.  8. Supporting Documents: Attach copies of supporting documents		
orders, invoices, itemized statements of running accounts, con	tracts, court judgments, mortgages.	S. BANK PTC COURT 00 U.S OU THO SE
security agreements, and evidence of perfection of lien	DO NOT SEND ORIGINAL	16 NORTH ROBER STREET
DOCUMENTS. If the documents are not available, explain. attach a summary.	if the documents are voluminous,	T. AUL, MN 5101
9. Date-Stamped Copy: To receive an acknowledgment of the filing	ng of your claim, enclose a stamped.	
self-addressed envelope and copy of this proof of claim.		
Date Sign and print the name and title, if any, of the cr	editor or other person authorized to	
1/3/03 /200	BARBARD Lautenburg	
Penalty for presenting fraudulent claim: Fixe of up to \$500,000 or	lice Merident	
i county for presenting fraudulent claim: Type of up to \$300,000 or	imprisonment for up to 5 years, or both. 18	U.S.C 18 152 av 3571.

Winona Agency, Inc. 174 Center Street P. O. Box 919 Winona, MN 55987-0919 (507)452-3366

> Mathews Computer Services, Inc. P O Box 197 Houston, MN 55943

### STATEMENT



PAYMENT INFORMATION

STATEMENT TOTAL
PAYMENT AMOUNT 84.00
PAYMENT FOR:

CAP7712686 Thank You

#### PLEASE DETACH AND RETURN WITH PAYMENT

NVOICE	TRANSACTION DATE	DESC	RIPTION		AMOUNT	SUB-TOTAL
		Balance brought forward	d	·		484.00
211640	12/16/2002	Policy #CAP7712686 03/2 Cincinnati Insurance Co Effective: 09/01/2002 Package - Delete store	0	1/2004	-400.00	
		Total for this billing	period			-400.00
						STATEMENT TOTAL
						84.0 Thank You
Less tha	n 0 0 - 30	Days 31 - 60 Days 6	61 - 90 Days	Over 90 Days 84.00		mank 100
Vinona	a Agency, 52-3366	Inc.			DATE 12/31/2002	

DISTRICT OF MINNESOTA (S	T. PAUL)
Name of Debtor SALLY ANN MATHEWS	Case Number 02-92935 FECTIVED
MITE: Die frenzeschielt vol. b. mad bymake i delini für	93 JAN -6 AM IO: 02
Name of Creditor (The person or other entity to whom the debtor owes money or property): TRI COUNTY PUBLISHING Name and Address where notices should be sent:	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
TRI COUNTY PUBLISHING PO BOX 429 RUSHFORD MN 55971  Telephone Number: 507 - 864 - 7700	☐ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs from the address on the envelope sent to you by the court.
Account or other number by which creditor identifies debtor:	Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated
1. Basis for Claim  Goods sold  Services performed flower Tising  Money loaned Personal injury/wrongful death  Taxes  Other	Retiree benefits as defined in 11 U.S.C. §1114(a)  Wages, salaries, and compensation (fill out below)  Your SS #:  Unpaid compensation for services performed  from  to  (date)  (date)
2. Date debt was incurred:  1-17-02 Though 11-30-02  4. Total Amount of Claim at Time Case Filed:	3. If court judgment, date obtained:
If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addi interest or additional charges.	tion to the principal amount of the claim. Attach itemized statement of all
5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other  Value of Collateral: \$	6. Unsecured Priority Claim.  Check this box if you have an unsecured priority claim  Amount entitled to priority \$  Specify the priority of the claim:  Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	<ul> <li>□ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).</li> <li>□ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).</li> <li>□ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).</li> <li>□ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</li> <li>□ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().</li> </ul>
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has be purpose of making this proof of claim.  8. Supporting Documents: Attach copies of supporting documents, orders, invoices, itemized statements of running accounts, controversecurity agreements, and evidence of perfection of lien. DOCUMENTS. If the documents are not available, explain. attach a summary.  9. Date-Stamped Copy: To receive an acknowledgment of the filing self-addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of the credit file this claim (attach copy of power of attorney, if the composition of the credit file this claim (attach copy of power of attorney, if the composition of the credit file this claim (attach copy of power of attorney, if the composition of the credit file this claim (attach copy of power of attorney, if the composition of the credit file this claim (attach copy of power of attorney, if the composition of the credit file this claim (attach copy of power of attorney).	such as promissory notes, purchase racts, court judgments, mortgages, DO NOT SEND ORIGINAL If the documents are voluminous, g of your claim, enclose a stamped, dittor or other person authorized to any):
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or in	mprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 6 371.

PUBLISHERS of the Tri-County Record and products serving more than 10,000 readers in Fillmore, Houston and Winona Countles

# Tri-County Publishing, Inc. P.O. BOX 429, RUSHFORD, MINN. 55971 (507) 864-7700

Mathemis Computer Erwie

PRINTERS & SUPPLIERS: quick printing business stationary register forms wedding stationery booklets brochures tickets napkins matches art and design

DATE	DESCRIPTION	СНА	RGE	CRI	EDIT	BALA	NCE
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5/31	Service Charles Charles	126	00		<del>                                     </del>	877	44
6/6	1000 Insertal DEJUNO2	6	29			88	73
128	Service Cham Mar Bal	13	16	· · · · · ·		943	73
7/8	ad ata Realm 109	43	00			900	80
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wing purchase are subject to 1 1/2% monthly service charge, minimum \$1.00.

**DUE ON RECEIPT** Tri-County Publishing Custom Form 1-92

PAY LAST FIGURE IN THIS COLUMN

**PUBLISHERS** of the Tri-County Record and Record and products serving more than 10,000 readers in Fillmore, Houston and Winona Counties

# **Tri-County Publishing, Inc.** P.O. BOX 429, RUSHFORD, MINN. 55971 (507) 864-7700

notheris Computer Service

PRINTERS & SUPPLIERS: quick printing business stationery register forms wedding stationery booklets brochures tickets napkins matches art and

DATE	DECODIDE	OUADOE	ADEO!T	DALANOE
DATE	DESCRIPTION	CHARGE	CREDIT	BALANCE
11/1/01	ad Christmas Vallais	7500		7500
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11/29	Ead " "	174 15		38460
12/6	ad 'Charbyrace 32/4"	135 45		52005
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12/3/	Thank low		38460	286 65
1/17/1	2 ad 'Cut the Cable' 9"	3780		32445
1117	1225 2-3-02 Inserts 616	7350		397 95
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1/24	ad Dont let your Compaters 17	17245		183 75
1/24	"Busines Honar Roll-1998"	1700		200 75
1/24	" " - 2001	2400		224 75
2/7	Ead 'Grand Opening ' 10/2"	56 70		28145
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5/2	SE as 'Clevel Digital' 10"	5400		473 04
5/2	1000 (DFMA) 2 1/2 4 10 64	6000		5.3304
	s not paid by last day of month following purchase are subject to 1 1	/2% monthly servi	ce charge,	PAY LAST FIGURE
minimun Tri-Count	n \$1.00. ty Publishing Custom Form 1-92 DUE ON RECEIPT			IN THIS COLUMN

UNITED STATES BANKRUPICY COURT	ST DALIE				
DISTRICT OF MINNESOTA (	ST. PAUL)				
Name of Debtor	Case Number				
SALLY ANN MATHEWS	02-92935				
	03 JAN 14 AM 9 52				
And the second section in the second section is section in the second section in the section in the second section in the section	ANKRUPTCY COURT				
parametris (1 CS.C §593					
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else has filed a proof of				
BUNKE PROPERTIES  Name and Address where notices should be sent:	claim relating to your claim. Attach				
1	copy of statement giving particulars.  Check box if you have never				
BUNKE PROPERTIES CO PATR HAWKINS	received any notices from the				
7930 ISLAND RD EDEN PRAIRIE MN 55347	bankruptcy court in this case.  Check box if the address differs				
	from the address on the envelope				
Telephone Number: 952 - 937 - 9654	sent to you by the court.				
Account or other number by which creditor identifies debtor:	Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated				
1. Basis for Claim ☐ Goods sold	Retiree benefits as defined in 11 U.S.C. 81114(a)				
☐ Services performed	Wages, salaries, and compensation (fill out below) Your SS #:				
Money loaned Personal injury/wrongful death	Unpaid compensation for services performed				
Taxes  Other RENT DUE	from to(date)				
2. Date debt was incurred:					
Aug. 1, 2002	3. If court judgment, date obtained:				
4. Total Amount of Claim at Time Case Filed:  If all or part of your claim is secured or entitled to priority, also con	\$ 3000.00				
☐ Check this box if claim includes interest or other charges in add	lition to the principal amount of the claim. Attach itemized statement of all				
interest or additional charges.  5. Secured Claim.					
☐ Check this box if your claim is secured by collateral	6. Unsecured Priority Claim.  Check this box if you have an unsecured priority claim of number Range				
(including a right of setoff).  Brief Description of Collateral:	Amount entitled to priority \$ 2000.00 @ 750.00 44.				
☐ Real Estate ☐ Motor Vehicle	Specify the priority of the claim:  Wages, salaries, or commissions (up to \$4,650),* earned within 90 days				
Other	before filing of the bankruptcy petition or cessation of the debtor's				
Value of Collateral: \$	business, whichever is earlier - 11 U.S.C. § 507(a)(3).  Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).				
	Dup to \$2,100* of deposits toward purchase, lease, or rental of property or				
	services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  Alimony, maintenance, or support owed to a spouse, former spouse, or				
Amount of owners and attended to the	child - 11 U.S.C. § 507(a)(7). {				
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().				
	*Amounts are subject to adjustment on 4/2 4 and every 3 pars thereafter with respect to cases commenced on a after the date of adjustment.				
<ol> <li>Credits: The amount of all payments on this claim has b purpose of making this proof of claim.</li> </ol>	seen credited and deducted for the				
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase					
orders, invoices, itemized statements of running accounts, cont security agreements, and evidence of perfection of lien.	DO NOT SENT ODICINATE 20 J.S. C. RENO E				
DOCUMENTS. If the documents are not available, explain. If the documents are voluminous					
attach a summary.  9. Date-Stamped Copy: To receive an acknowledgment of the filin	g of your claim, enclose a stamped				
self-addressed envelope and copy of this proof of claim.					
Date Sign and print the name and title, if any, of the creditor or other person authorized to					
// I like/this claim (attach conv of nower of attorney if	Canul: D. Alile : 1/A				
/accentsanans, ros. of ha	whe Proporties				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or i	mprisonment for up to 5 years, or both. 18 b 3 C. §§ 152 d 3571.				

UNITED STATES BANKRUPTCY COURT	
DISTRICT OF MINNESOTA (S	ST. PAUL)
	Butter (Allen )
Name of Debtor SALLY ANN MATHEWS	Case Number 02-92935
SALLI ANN MAILENS	
	03 FEB -3 AM 10: 10
	U.S. BANK OF BY COUNT
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that
owes money or property):	anyone else has filed a proof of
WIRELESS CONNECTION	claim relating to your claim. Attach
Name and Address where notices should be sent:	copy of statement giving particulars.
WIRELESS CONNECTION	Check box if you have never received any notices from the
4507 S 88TH ST	bankruptcy court in this case.
OMAHA NE 68127	☐ Check box if the address differs
	from the address on the envelope
Telephone Number: 402 - 597-9770	sent to you by the court.
	Check here if replaces
Account or other number by which creditor identifies debtor	this claim amends a previously filed claim, dated
1. Basis for Claim	☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
Goods sold	☐ Wages, salaries, and compensation (fill out below)
☐ Services performed ☐ Money loaned	Your SS #:
Personal injury/wrongful death	Unpaid compensation for services performed from to
☐ Taxes	from to (date) (date)
Other	
2. Date debt was incurred:	3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed;	\$ //25.83
If all or part of your claim is secured or entitled to priority, also con	nplete Item 5 or 6 below.
Check this box if claim includes interest or other charges in add	lition to the principal amount of the claim. Attach itemized statement of all
interest or additional charges.  5. Secured Claim.	I C II
Check this box if your claim is secured by collateral	6. Unsecured Priority Claim.  Check this box if you have an unsecured priority claim
(including a right of setoff).	Amount entitled to priority \$
Brief Description of Collateral:	Specify the priority of the claim:
☐ Real Estate ☐ Motor Vehicle	☐ Wages, salaries, or commissions (up to \$4,650),* earned within 90 days
□ Other	before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
Value of Collateral: \$	Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
Tallar C. Common and	Up to \$2,100* of deposits toward purchase, lease, or rental of property or
	services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
	☐ Alimony, maintenance, or support owed to a spouse, former spouse, or
A . C . 1 . 1	child - 11 U.S.C. § 507(a)(7).
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().
merced in section claim, it may, o	Double - Specify applicable paragraph of 11 c.s.c. § 307(a)().
	*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter
7. Credits: The amount of all payments on this claim has b	with respect to cases commenced on or after the detect adjustment.
purpose of making this proof of claim.	seem credited and deducted for the
8. Supporting Documents: Attach copies of supporting documents,	
orders, invoices, itemized statements of running accounts, con-	tracts, court judgments, mortgages,
security agreements, and evidence of perfection of lien.	DO NOT SEND ORIGINAL 16 N RTH-ROBERT EET
DOCUMENTS. If the documents are not available, explain. attach a summary.	If the documents are voluminous ST. PALL, MN 55101
9. Date-Stamped Copy: To receive an acknowledgment of the filin	ng of your claim, enclose a stampe
self-addressed envelope and copy of this proof of claim.	
Date I Standard Standard Standard Standard	
Date Sign and print the name and title, if any, of the cre file this claim (attach copy of power of attorney, if	
1/20/12 1M 12 KI 1	
149/03 71/arelyne Tolakow U C	COUNTO COLLUCALLE RECORDE
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or i	imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 35
	$oldsymbol{\Lambda}$



4507 South 88th Street • Omaha, NE 68127 Phone: (402) 597-9770 • Fax: (402) 597-9769

Toll Free: (888) OFFWIRE

Mathews Computer Services P.O Box 400

Rushford, MN 55971

\$ 	AMOUNT REMITTED	

STANCE MARCHANT.

INVOICES PAID

STATEMENT DATE 08/31/02

ACCOUNT NUMBER MATH100

#### PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

INVOICE NO.	DATE	CODE DESCRIPTION	AMOUNT	BALANCE
230233	03/07/02	1 Po: Sabilla Usour Ord: 37318	113.00	113.00
139114	07/26/02	C Memo 45392 ApplyTo 0	6.00~	107.00
142048	08/22/02	C Memo 45237 ApplyTo 0	8.00-	99.00
131866	05/20/02	I Po: SALLY Our Ord: 38546	349.98	448.98
135969	06/26/02	I Po: SALLY 06-20ur Ord: 42272	726.85	1,175.83

APROXIL

	Codes	CURRENT	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	AMOUNT DUE
I Invoice C - CR Memo	P = Payment A = Discount Allowed	.00	.00	726.85	448.98	1,175.83
+D - DR Memo	F = Finance Charge					/

## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

Case No: 02-92935

In Re: Sally Ann Mathews,

Debtor(s).

#### **DECLARATION RE: SERVICE BY MAIL**

The undersigned, being an employee of Maschka, Riedy & Ries, 200 Union Square Business Center, 201 North Broad Street, Mankato, Minnesota, declares under penalty of perjury that on the 21st day of September, 2004, she served the Notice of Motion and Motion for Objection to Claim by first class mail postage prepaid to each entity named below at the address stated below for each entity:

Sally Ann Mathews 410 S. Grant St. PO Box 197 Houston, MN 55943

James Ryan Jr Ryan & Grinde, Ltd. 407 14th Street NW PO Box 6667 Rochester, MN 55903

Citibank USA NA DBA Dell PO Box 9025 Des Moines, IA 50368

Citibank USA NA DBA Dell PO Box 9025 Des Moines, IA 50368

Fillmore County Journal PO Box 496 Preston, MN 55962

Fortress Bank NA Melissa Pedretti 108 E. Cedar St. PO Box 518 Houston, MN 55943-0518 Winona Agency 174 Center St. Winona, MN 55987

Tri County Publishing PO Box 429 Rushford, MN 55971

Bunke Properties Patricia Hawkins 7930 Island Rd. Eden Prairie, MN 55347

Wireless Connection 4507 88<sup>th</sup> St. Omaha, NE 68127

Karen Tillman, Esq. Radioshack Corp. 100 Throckmorton St., Ste 1700 PO Box 17180 Fort Worth, TX 76102

United States Trustee 1015 U S Courthouse 300 S 4<sup>th</sup> St Minneapolis MN 55415

/e/Janet Anderson

## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In Re:			Case No: 02-92935
Sally A	Ann Ma	ithews,	
		Debtor(s).	
		ORDE	R
trustee		pove-captioned matter came before the les W. Ries appeared pro se. Other ap	e Court on the motion of Charles W. Ries, pearances are noted of record.
	Based	upon the complete files and argument	t of counsel,
	IT IS F	HEREBY ORDERED:	
	1.	That Claim #1 of Citibank USA NA	in the amount of \$5,846.08 is disallowed.
	2.	That Claim #2 of Citibank USA NA	in the amount of \$1,039.34 is disallowed.
	3.	That Claim #3 of Fillmore County Jodisallowed.	ournal in the amount of \$581.07 is
	4.	That Claim #6 of Fortress Bank NA	in the amount of \$4,492.92 is disallowed.
	5.	That Claim #7 of Winona Agency in	the amount of \$84.00 is disallowed.
	6.	That Claim #8 of Tri County Publish	ning in the amount of \$847.24 is disallowed.
	7.	That Claim #11 of Bunke Properties	in the amount of \$3,000.00 is disallowed.
	8.	That Claim #23 of Wireless Connect	tion in the amount of \$1,175.83 is disallowed.
	Dated	this day of,	2004.
			Honorable Dennis D. O'Brien Judge of Bankruptcy Court